

1:1 Staffing/Exceptional Rate Protocol for Group Home/Residential

Staffing/Consultation

If a 1:1/exceptional rate is being discussed for placement, a Coach/Consultant shall be included on the team and assist with planning. If the team deems this to be a needed, short-term, service, the Care Coordinator must complete the “1:1 Staffing Request for GH and RCC/TFC Exceptional Rate” Form in Synthesis. Having a Coach/Consultant present does not mean that the 1:1/exceptional rate is approved.

Supervisor or Lead and the Coach/Consultant must attend the Team/POC Meeting where the 1:1/exceptional rate is being discussed. If the Care Coordinator is a Lead, then a Supervisor is not required. If a 1:1/exceptional rate is being requested, the Coach/Consultant shall inform the Associate Director (or designee) that the form is going to be completed.

Staff-to-Resident Ratios

Staff-to-resident ratios to meet licensing requirements are outlined in DCF 57 (for Group Homes) and DCF 52 (for Residential Care Facilities). A 1:1 is an additional staff, specific for the identified youth, above and beyond the staffing ratios requirement for licensing.

Approval/Non-Approval

All requests for 1:1 Staffing/exceptional rate at any level of care requires dual approval from a Wraparound Administrator (Associate Director or designee) and Wraparound Clinician (Psychologist).

In order to make a determination on the appropriateness of the request, both individuals will review the following items at minimum:

- 1:1 Staffing Request for GH and RCC/TFC Exceptional Rate Form
- Most recently approved Plan of Care/Crisis Plan
- SARs
- History of Critical Incident Reports
- High Risk Staffing Form (if applicable)
- Recent Court Letters (as available)
- Recent Progress Notes (as needed)

Clarification should also be sought from the associated Coach/Consultant, and/or Care Coordination Agency as needed.

Administrator and Psychologist should discuss the request, and if in agreement with a 1:1 Staff/exceptional rate and the contents of the 1:1 Staffing Request for GH and RCC/TFC Exceptional Rate Form, the Administrator will approve it in Synthesis.

Once a decision is made and if approved, Associate Director (or designee) sends an email to the following individuals: Care Coordinator, Care Coordinator Supervisor, the associated Coach/Consultant, QA Manager, QA Coordinator, Director, Fiscal Manager, Fiscal Court and Billing Coordinator, and Provider Network Manager.

If not approved, Associate Director (or designee) sends an email to the following individuals: Care Coordinator, Care Coordinator Supervisor, Clinical Consultant and the associated Coach/Consultant with the rationale.

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Initial Authorization will not exceed 60 days. Additional authorizations will not exceed 30 days. When Associate Director (or designee) sends the approval email, the Fiscal Court and Billing Coordinator will enter the Authorization into Synthesis, post email from the Associate Director (or designee).

If a 1:1 is approved, the Crisis Plan needs to be updated to reflect the use of the 1:1 and their role within the Crisis Plan at the placement.

Provider Expectations

If an initial or extension approval email does not come from Wraparound Milwaukee Provider Network Manager (or designee), then this service is not approved and a Provider Agency shall not provide the service, with the expectation that Wraparound Milwaukee will reimburse. Provider Agencies are expected to document and bill within Synthesis, under Provider Notes. Instructions will be sent to the Agency once an approval is given.

Provider Notes need to be detailed and will include in the Note Text: who was the 1:1 staff, what support was given, what occurred that day, general times of any crises (to help better determine triggers), what de-escalation strategies are being used during/following a crisis, goals being worked on, and anything else that the Child and Family has asked for outline/update. Provider Notes need to be entered within Synthesis, as soon as possible, but no later than four (4) calendar days after the date of contact. In those instances where contact poses to be one of a critical nature, the Provider Note must be documented immediately.

NOTE: If approval is for exceptional rate, notes are not required. Wraparound Milwaukee may request additional information or agency specific documentation as a part monitoring of the service and or extension of request.

Provider Agencies are expected to not exceed the pre-authorized number of hours (per day/per month) and expiration date of the approval. Providers may only document and bill for the number of hours authorized. If the Provider documents and bills for more than the authorized amount, this will not be paid out. For 1:1 staffing, if the 1:1 Provider is not physically with the youth, then the Agency cannot bill for that time (i.e. if youth is on home pass, runaway/missing). If the Agency chooses to staff a 1:1 in case the youth returns from runaway/missing or from a home pass early, the time spent by the Provider without the youth is not billable to Wraparound Milwaukee.

This is a time-limited service. Provider Agencies should expect to see a reduction in hours each month. Some of these reasons may include: reduction or elimination of crisis, additional home-passes, transition to off-site schooling/school hours when not on site, clinically no longer appropriate, etc.

If the Provider Agency wants to add additional staff to assist with entering documentation within Synthesis, *Policy #035- Provider Add/Drop* needs to be followed to request the Direct Service Provider to be added and obtain a Synthesis ID.

Billing and Provider Payment

Upon completion of Provider Notes and Provider is ready for invoicing, Provider is to notify Wraparound Milwaukee finance department at wrapfinance@milwaukeecountywi.gov that their documentation is ready to be reviewed for payment.

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Billing expectations:

- Provider may request review of documentation for the authorized service beginning the 2nd week of each month following the month in which the service was provided.
- All billable units must accompany documentation to justify the service and units provided.
- Provider Notes need to be entered within Synthesis, as soon as possible, but no later than four (4) calendar days after the date of contact. In those instances where contact poses to be one of a critical nature, the Provider Note must be documented immediately.
- Provider is responsible for accurate billing for approved services.
- All documentation will be reviewed by Wraparound prior to issuance of payment.
- Invoices/claims will be processed within seven (7) days following a completed review, proceeded by the determination of a clean invoice/claim.
- Provider understands that WM has no obligation to pay for services that are determined they do not meet the clean invoice/claim requirements.
- Provider understands that WM has no obligation to pay for services that are billed later than sixty days following the last day of the month in which the service was rendered.

NOTE: If a request is being submitted to have the 1:1 Staffing or exceptional rate extended, Wraparound Administration will be looking to review notes, so a prompt turnaround time for entering documentation is requested and advised.

Review and Ongoing Monitoring

Care Coordination Level:

During weekly visits, Care Coordinator will be asked to discuss the following with the youth and document clearly in progress notes:

1. When visiting, document who the 1:1 is the date of CC's visit.
2. How are things going at the placement?
3. Ask about having a 1:1 and how that has been going. Any concerns?
4. Ask youth if there were any times that they left the placement without a staff present that week.
5. Ask placement staff about any successes or barriers to success that the youth is having.

Supervisor and Care Coordinator should be discussing within supervision and documented clearly in those notes.

Care Coordinators are to monitor all services provided to the youth/family; therefore, Care Coordinator must review all Provider Notes on a weekly basis.

If this is ongoing and needs to continue, it is the Care Coordination responsibility to complete staffing and the form PRIOR to the current authorization expiration date.

Coach/Consultant Level:

Coach/Consultant will check Care Coordinator's Progress Notes to ensure that the Care Coordinator has documented the questions above. If not, Coach/Consultant will follow up with Care Coordination Agency.

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Coach/Consultant's must review the Provider Notes prior to the Team/POC Meeting to ensure they are up to date on what is occurring and be prepared to discuss at the Team/POC Meeting.

During Team/POC Meetings, the Coach/Consultant will ensure that the 1:1 service/exceptional rate is discussed, and that successes and barriers are discussed. Coach/Consultant should help CC and the team discuss any crisis that occurred or any barriers that were brought up.

Coach/Consultant shall assist with monitoring the expiration date of the current authorization and help Care Coordination Agency with reviewing if another request needs to be made or not.

Admin Level:

QA Coordinator (or QA Manager for assistance) – will review all Provider Notes and determine what should be paid out monthly. The payment will not be released until the QA Coordinator has completed the review and determined a clean claim/invoice.

NOTE: Wraparound Milwaukee reserves the right to request and require additional information (such as timecards, staffing logs, etc) for the review to determine a clean claim/invoice.

Conflict Resolution

If concerns or conflict arise regarding 1:1 services/next steps, *Policy #010- System & Provider Conflict Resolution* shall be followed.

Sample Note

Below is a sample note to use as an example on the amount of detail needed within the Provider Note.

Date: 2/6/21

Staff arrived at the Group Home at 9:00 AM and youth was awake. Youth was able to eat breakfast and Staff and youth discussed how their night went. Youth disclosed that she was feeling sad most of the night. Staff and youth discussed how she was to work through the sadness last night and she expressed that she was able to draw and color. Staff and youth agreed to color and draw this morning as youth expressed how much it helped her. From 10-11:30am, youth and staff colored and drew while talking about school, shows we like, and plans for the weekend. At 11:30, youth helped Staff get together lunch for the rest of the home. Lunch was served at 12:00pm. At 1:00 pm, after lunch another youth in the home told youth that she didn't like her lunch. This upset the youth and she began yelling. Staff was able to talk calmly to her, encouraged her to breath while Staff counted to 10. Staff advised that we go for a small walk to remove her from the situation. Youth and staff walked until 1:45 pm, in which the youth expressed she was feeling much better. Upon arriving back to the Group Home, Staff helped youth and the peer talk about what happened and better ways to communicate with each other. At 2:30 pm, youth decided to go to her room. Staff reminded her that the door must be kept open and that the staff would sit outside of it to give her some space. Youth was in her room from 2:30-3:30pm reading while staff sat outside the room checking in on her. During this time, youth would share with Staff different things she was reading and found interesting. From 3:30-4:00pm, Provider and youth discussed the rest of the evening and what youth would be doing and how she may handle stressful situations prior to Staff leaving at 4:00 pm. Assigned Staff: Ms. Jane Doe